Texas Department of Insurance
Division of Workers' Compensation
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address:

JAMES R WELLS
590 FM 1504
WILLS POINT TX 751697052

Respondent Name:
LIBERTY MUTUAL INSURANCE CO

Carrier's Austin Representative Box
Box Number 01

MFDR Tracking Number:
M4-11-4865-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: Requestor did not submit a position summary.

Amount in Dispute: $557.46

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The documentation submitted by the provider has again been reviewed. These dates of service were denied not medically necessary based on IME report completed by Dr. Peter Foox."

Response Submitted by: Liberty Mutual, 2875 Browns Bridge Road, Gainesville, GA 30504

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 25, 2011 through August 3, 2011	Out-Of-Pocket expenses for prescription medications.	$557.46	0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for injured employees to pursue a medical fee dispute.
2. 28 Texas Administrative Code §133.270 sets out the procedures for injured employees to submit out-of-pocket expenses to the Insurance Carrier for reimbursement.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
   - The Carrier did not submit an EOB to the injured employee; however, a letter was sent to the injured employee which states, "Please be advised that pursuant to the IME report from Dr. Peter Foox, he opines that the ongoing treatment 19 years pot such trauma appears not to be specifically related to the injuries in questions the surgeries performed. Based on this report we must deny your request for reimbursement."

Issues

1. Did the requestor submit the disputed issues to the proper process?
2. Can Medical Fee Dispute Resolution review the issues in dispute?

Findings

Pursuant to "28 Texas Administrative Code §133.305(a)(7) Preauthorization or concurrent medical necessity dispute--A dispute that involves a review of adverse determination of network or non-network health care requiring preauthorization or concurrent review. The dispute is reviewed by an independent review organization (IRO) pursuant to the Insurance Code, the Labor Code and related rules, including §133.308 of this subchapter (relating to MDR by Independent Review Organizations)." Review of the Respondents position summary indicates that the out-of-pocket expenses incurred by the injured employee were denied for medical necessity. The proper avenue for medical necessity denials is through the Independent Review Organization process.

Conclusion

For the reasons stated above, the division finds that the requestor has established that Medical Fee Dispute Resolution does not have the authority to review issues of medical necessity.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to $0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	September 16, 2011
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Texas Administrative Code §148.3(c).